

OBH Certification Change Report Form (Revised 7/16/14)

Date: _____

Organization Name: _____

Organization Address: _____
(Street/City/Zip Code)

Primary Contact Person for Organization: _____

Phone Number: _____ E-Mail: _____

Instructions: This form should be used to report various types of change to the OBH Certification Section and Magellan of Louisiana. It is suggested that you consult with an OBH Certification Representative to discuss your changes prior to completion of this form. Then select the type(s) of change and submit with additional documents as required to:

Office of Behavioral Health
Attn: Certification Section
628 N. 4th St.
P.O. Box 4049 Bin #: 12
Baton Rouge, LA 70802
Email: OBHCertification@LA.GOV
Fax: 225-342-8912

Changes in contact information must be reported at the time the change is made. OBH certification staff will notify your agency in writing following receipt and review of this report notification.

☐ New Address (Physical Location Address – Street/City/Zip Code)

Effective Date: _____

Services provided at this location: _____

ORGANIZATIONS ONLY - Please submit copies of the following required documents with this change report form:

1. Proof of an inspection and approval by the Office of Public Health Sanitation Department
(**Important Note:** Please contact Al Mancuso at 225-342-8959 or Joy Acklen-Raymond at 225-342-8950 **to arrange the correct type of inspection in all LA parishes**).
2. Proof of current inspection and approval by the Office of State Fire Marshal.

Submit this notification at least sixty (60) days prior to the change in location. OBH certification staff may conduct a site review to ensure the location complies with operational requirements.

Note: Office of Public Health Sanitation Department and Office of State Fire Marshal inspections may not be required if provider is moving to a different office location within the same building.

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☐ New Address (for Correspondence or Pay to Address)

Effective Date: _____

☐ Change in Contact Person

New Contact Person: _____

☐ E-mail Address Change or Additional E-mail Address

Previous e-mail address: _____

New e-mail address: _____

☐ Telephone and/or Fax Number Change(s)

New number(s): _____

☐ Change in Population Served (must be reported at the time the change is made)

☐ 0-12 Child ☐ 13-17 Adolescent ☐ 18-21 Transition Age ☐ 18-64 Adult ☐ 65+ Older Adult ☐ All

☐ Offsite Delivery location Changes (**PLEASE CIRCLE** “ESTABLISHMENT” or “CLOSURE”)

An offsite service delivery location must meet the requirements outlined in the LBHP OBH Certification Manual and must be used solely for the provision of service delivery by a specific provider. **A Change Report Form with the following attachments must be submitted to OBH Certification sixty (60) days prior to the first day of operation in the new location.** OBH certification staff may conduct a site review to ensure the location complies with operational requirements.

Address: _____

Phone/Fax Number(s) to be used for this location: _____

Hours of Operation: _____

Services to be provided at this location: _____

ORGANIZATIONS ONLY - Please submit copies of the following required documents with this change report form:

1. Proof of an inspection and approval of the Office of Public Health Sanitation Department (**Important Note:** Contact Al Mancuso at 225-342-8959 or Joy Acklen-Raymond at 225-342-8950 **to arrange the correct type of inspection in all LA parishes**).
2. Proof of current inspection and approval by the Office of State Fire Marshal.

☐ Change in Ownership

A Change Report Form must be submitted to OBH Certification sixty (60) days prior to the change in ownership. The new owner must meet all certification requirements as an OBH LBHP

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provider outlined earlier in this section. OBH certification may conduct a certification review to ensure the new owner complies with all applicable federal state and regulations. **Freedom of Choice forms must be completed by all recipients who are willing to continue receiving services from the same agency with new ownership.**

Name of New Owner: _____

Effective Date of Change: _____

☐ **Agency Closure**

If a provider makes the decision to voluntarily close, **a Change Report Form must be submitted to OBH Certification thirty (30) days prior to the closure.** Notification shall include the last date services will be provided and the location where recipient and administrative records will be stored. The owner(s) is/are responsible for retaining administrative and recipient records for five (5) years. **Prior to the closure, the provider will notify all recipients of the pending closure, provide a Freedom of Choice form to assist them in choosing another provider or other treatment resources.** The provider should coordinate with the new treatment resource to ensure the recipient has sufficient medication. Upon the recipient's written consent, the provider must make copies of the available recipient records.

Last Date of Services: _____ Effective Closure Date: _____

Brief Reason for Closure: _____

The location where recipient and administrative records will be stored:

Please note: Upon receipt of closure information, OBH Certification staff will send provider an ***OBH Closure Follow-up Form*** to be completed/submitted to OBH for provider file.

☐ **Change in Essential Staff**

Changes in employment of staff essential to providing services as defined in the LBHP Service Definitions Manual must be reported at the time the change is made. A change includes hiring or firing any staff member that results in the provider not employing staff that meet the eligibility requirements for services provided. (**Please note:** This type of change should be reported only to the extent that service criteria and/or eligible provider staff requirements are not met--**not** intended as required reporting of **all** personnel changes).

Name and position of staff leaving: _____

Name and position of new staff: _____

☐ **Change in Accreditation Status (PLEASE CIRCLE "ACHIEVED" or "LOST")**

The provider should submit a Change Report Form to OBH certification when accreditation has been achieved and must submit a Change report Form to OBH certification immediately upon notification of an accreditation loss to keep LBHP data current at all times. The provider must attach all documentation (letter or reports) from the accrediting body.

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Please submit the letter or notice from the accrediting organization with this change report form.

☐ **Change in Insurance Coverage**

Note: The provider **must immediately** report cancellation of required insurance coverage.

Explanation: _____

☐ **Change in Services Provided (PLEASE CIRCLE “ADDING” or “DISCONTINUING”)**

Note: When adding services contact an OBH Certification Representative to determine if any additional documentation needs to be submitted along with this certification change report form.

Changes in services provided by the organization or individual must be reported at the time the change is made. **Prior to discontinuation of service(s), the recipient must provide recipients with a Freedom of Choice form with names of other providers offering the discontinued service.**

Location/Explanation: _____

Effective Date of Service change: _____

☐ **Other Reportable Events**

Accredited organizations must report information about significant or critical events including sentinel events, investigations, material litigation and catastrophes. **Submit a copy of your findings (required by your accreditation body) to the OBH Certification Section along with this report.**

Explanation: _____

☐ **Emergency Contact Information**

Explanation: _____

☐ **Any Other Occurrence Which Affects Compliance with Certification Requirements**

Explanation: _____
